DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Guidance for Applicants (GFA) No. SP-02-005
Part I - Programmatic Guidance

Targeted Capacity Expansion Initiatives for
Substance Abuse Prevention (SAP) and HIV Prevention (HIVP)
in Minority Communities: Services Grants

Short Title: Minority SAP and HIV Prevention Services Program

Application Due Date:
July 24, 2002

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and subject to the availability of funds.

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Action and Purpose

SAMHSA's Center for Substance Abuse Prevention (CSAP) announces that funding is available for Fiscal Year 2002 for Services Grants through the Targeted Capacity Expansion Initiatives for Substance Abuse Prevention (SAP) and HIV Prevention (HIVP) in Minority Communities Program. This program responds to the health emergency in African-American, Hispanic/Latino, American Indian/Alaska Native, and Asian-American/Pacific Islander communities described by the Congressional Black and Hispanic Caucuses.

Funds under this Services Grant initiative are available **to support effective, integrated SAP and HIV prevention for youth and other at-risk populations** in the minority communities they serve. Organizations may use funds to develop new services and/or expand existing services.

CSAP's Minority SAP and HIVP Program includes two funding opportunities in FY 2002:

- I. Services Grants (instructions for applying are provided in this GFA)
- II. Planning Grants (instructions for applying are provided in GFA #02-004)
- *[To obtain copies of these or other SAMHSA GFAs, you can download them from the SAMHSA website:* ***www.samhsa.gov,*** *or call SAMHSA's National Clearinghouse on Alcohol and Drug Information: 1-800-SAY NO TO or 1-800-729-6686.]*

You should choose which type of funding to apply for based upon the needs in your community and the capabilities of your organization. You may submit more than one application to CSAP/SAMHSA for funding, but you must prepare a separate, unique application for each GFA.

Availability of Funds

Approximately $15.1 million is available to fund services grants. CSAP expects to award funding to 40-45 applicants, in the amount of $250,000 to $350,000 per year. Your budget may not exceed $350,000 per year in total costs (direct and indirect). The actual amount of funding you receive will depend on the availability of funds.

You may request funding for up to 3 years. Whether you receive funding for years 2 and 3 of your award will depend upon whether funds are available and whether your project has made acceptable progress.

Background[1]

Reports of HIV infection in the United States suggest that about 50 percent of new HIV infection cases are directly or indirectly related to injection drug use. Injection drug use accounts for approximately 40 percent of the reported AIDS cases among women; 39 percent of the reported pediatric AIDS cases; and 22 percent of the total AIDS cases among males. Further, being under the influence of alcohol and/or drugs can greatly increase an individual's likelihood of engaging in unsafe sex practices that can lead to HIV infection. In addition, recent research has shown that cocaine use can stimulate the production and spread of the virus internally, so that drug use may hasten the

[1]References and additional background information are located in Appendix B.

progression of HIV disease. All of these connections between substance abuse and HIV/AIDS underscore the urgency of addressing these "dual epidemics."

HIV/AIDS is increasing most rapidly among people of color. In fact, African-Americans and Latinos have higher prevalence rates than do Caucasians. HIV/AIDS is the number one cause of death among African-American males between the ages of 25 and 44. HIV/AIDS in African-American and Hispanic communities is a severe and on-going crisis.

The Health and Human Services National Minority AIDS Initiative seeks to address the state of emergency regarding HIV/AIDS in minority communities by increasing prevention services capacity in communities disproportionately impacted by HIV disease. Client-centered, community-based approaches are needed to address this epidemic, and organizations in the community need to develop the infrastructure to be able to provide services which meet the comprehensive and challenging needs of those infected and affected by HIV disease, especially those with the additional stigma associated with substance abuse.

There should be "no wrong door" for people to receive effective services for all of their physical and behavioral health problems, including HIV/AIDS, substance abuse, and mental health services. Services should be culturally-appropriate and gender-specific and open to individuals, regardless of sexual identity and racial/ethnic background.

There is clearly a critical need for integrated SAP and HIVP services which target communities of color and are culturally-relevant, effective, and involve strong institutions in these communities, including faith-based organizations. The Minority SAP and HIV Prevention Initiatives Program attempts to address that need by providing this funding.

Who Can Apply?

Funding will be directed to activities designed to deliver services specifically targeting racial and ethnic minority populations impacted by HIV/AIDS. Eligible entitles may include: non for profit community-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, and tribal government and tribal/urban Indian entities and organizations. Faith-based and community-based organizations are eligible to apply. In addition, health care delivery organizations, Historically-Black Colleges (HBCUs), Tribal Colleges and Universities (TCUs), Hispanic Serving Institutions (HSIs), Hispanic Association of Colleges and Universities members (HACUs), are also eligible to apply. Note: State and local government agencies are not eligible under this GFA.

Target Population - Who Should be Served

This program seeks to increase the availability of integrated SAP and HIV prevention services for youth and other at-risk populations in African-American, Hispanic/Latino, American Indian/ Alaska Native, and Asian-American/Pacific Islander communities, which have traditionally been underserved or unserved.

You are encouraged to target youth (ages 9-22), but you may also target other populations at particular risk for HIV infection. In designing your program, you should consider both specific at-risk target populations and the behaviors that may put any individual at risk for HIV infection in your community.

Specific populations at particular risk for HIV infection may include:

- adolescents
- female adolescents and women
- runaway youth
- homeless individuals
- commercial sex workers
- individuals re-entering the community from prison, jail, or juvenile justice facilities
- partners of individuals in or re-entering the community from correctional facilities
- gay, lesbian, bi-sexual, transgendered, and questioning individuals
- individuals (both female and male) with a history of sexual abuse or intimate partner violence
- migrant workers, or other immigrant populations living away from home for extended periods
- immigrants from countries with high HIV seroprevalence rates

High risk behaviors may include:

- using injection drugs (ID)
- binge drinking, or use of alcohol or drugs with sex (or use of alcohol or drugs that may lead to rape/non-consensual sex)
- having sex without a condom, or other unsafe sexual practices
- men having sex with other men (MSMs)
- women having sex with MSMs
- having sex with an ID user
- trading sex for drugs

You should carefully assess your community to determine the behaviors that put community members at greatest risk for HIV infection, and outline activities to change these behaviors.

Funding Restrictions

You may **not** utilize grant funding for the following activities:

- Substance abuse treatment[2] services
- Mental health treatment services
- HIV/AIDS treatment services
- Primary health care services
- Any services or treatments which would be covered under other public or private programs (such a Medicaid or Medicare)

Further, this initiative will not provide funding to duplicate services which already exist in the community unless the applicant clearly demonstrates that there is unmet need for additional services. Applicants must submit clear evidence of gaps in existing services which will be filled with CSAP funding.

Expected Activities and Accomplishments:

With this funding, you will be expected to develop and expand the services offered by your organization to include effective, integrated, sustainable SAP and HIV prevention services for youth and other at-risk populations.

The services you provide must be accessible to and appropriate for your target population. They must be culturally-competent, language-appropriate, age/developmentally-appropriate, gender-specific, and must be well-structured and supported by scientific evidence.

You may use grant funds to support the following activities: (This list is meant to give you examples. You may also include other related activities that may not be listed here but are relevant for your community.)

adding integrated substance abuse prevention and HIV prevention services to existing youth services

[2]Substance abuse treatment and other terms are defined in Appendix A, using the definitions adopted by the Institute of Medicine (1994).

- adding and integrating new substance abuse prevention services into existing HIV-related services;
- adding and integrating new HIV prevention services into existing substance abuse prevention services;
- increasing or enhancing existing integrated SAP and HIVP services;
- providing ancillary services to engage youth and/or other at-risk populations in HIV prevention activities, including vocational services, legal services, housing assistance, counseling, recreational activities, family planning services, and health screening services;
- increasing access to existing or proposed services by providing supportive services, such as transportation, and case management;
- increasing access to existing or proposed services by strengthening linkages between service providers.

This funding will support not only direct services but also efforts to promote changes to community norms that support positive behavior change and address inequities (such as access to culturally- and language-appropriate services) that perpetuate the disproportionate burden of HIV disease in communities of color.

Where to Get an Application Kit

Grant application kits have two parts, as well as several forms, which must all be completed:

- Part I is different for each GFA. **This document is Part I.**
- Part II is entitled "General Policies and Procedures Applicable to All SAMHSA Applications for Discretionary Grants and Cooperative Agreements."
- Form PHS-5161-1, "Grant Application" must be completed by all SAMHSA applicants. Form PHS-5161-1 contains the following Standard Forms (SF) and instructions:
  - SF 424, "Application for Federal Assistance" (the "face page")
  - SF 424, "Budget Information - Non-Construction Programs"
  - SF 424B, "Assurances - Non-Construction Programs"
  - Certifications,
  - SF LLL, "Disclosure of Lobbying Activities"
  - Checklist

To get a complete application kit, including Parts I and II and Form PHS-5161-1, you can:

☎ Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

☛Download it from the SAMHSA website at **www.SAMHSA.gov**

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*NOTE: You must change the zip code to **20817** if you use express mail or courier service.

PLEASE MAKE SURE TO
Type the following for "TITLE:" in Item No. 10 on SF 424, the face page of the application form:
"SP-02-005 - Minority SAP and HIV Prevention Services Program"

Application Due Dates

Your application must be received by July 24, 2002.

The only way an application which is received after this date will be accepted is if it has a proof-of-mailing date from the carrier no later than July 17, 2002 (one week prior to the deadline).

Private metered postmarks are not acceptable as proof of timely mailing. If your application is late, it will be returned to you without being reviewed.

How to Get Help

If you have a question about a *program -related issue*, you may contact:

Francis C. Johnson, M.S.W.
Rockwall II, Suite 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6612
E-Mail: fjohnson@SAMHSA.gov

If you have a question about a *fiscal / grants management issue*, you may contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: shudak@SAMHSA.gov

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee

2. Concurrence of the CSAP National Advisory Council

3. Availability of funds

4. Overall program balance in terms of geography and race/ethnicity of target populations. An attempt will be made to distribute awards across all regions of the country and across all targeted minority groups; however, this funding criterion will be balanced against the priority score.

Detailed Information on What to Include in Your Application / Checklist

In order for your application to be **complete and eligible**, it must include the following items in the order listed. Check off areas as you complete them for your application.

❑ ***1. FACE PAGE***

Use Standard Form 424, which can be found in Form PHS-5161-1 "Grant Application." Appendix A in Part II gives you specific instructions for filling out this form. Remember that in signing the face page of the application, you are agreeing that the information is accurate and complete.

❑ ***2. ABSTRACT***

Please provide an abstract for your grant application that is 35 lines or less and has two sections:

1. The first 5 lines should provide a brief summary of your project that can be used in publications, reporting to Congress, or press releases, if funded. Include the following information: Applicant Organization, Project Title and a brief description of activities, Target Population, and Target Community (i.e. Who plans to provide What for Whom, and Where?)

2. The rest of the abstract should provide enough information for reviewers, staff and others to get an understanding of what it is you would like to accomplish with this funding. It should include: (a) a statement of the problem/issue being addressed, (b) program goals; (c) a brief description of activities; and (d) a brief description of the evaluation and dissemination plans.

Your total abstract may not be longer than 35 lines.

❑ ***.3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

Make sure to number each page of your application (including pages used to divide sections). *Please also include the Project Director/Principal Investigator's name on each page.* This will help to ensure that all pages of your application are reproduced and distributed correctly.

❑ ***4. BUDGET FORM***

❑ **Section G** - Budget Justification, Existing Resources, Other Support

Use Standard Form 424A, which can be found in Form PHS-5161-1 "Grant Application." Appendix B in Part II gives you specific instructions for filling out this form.

❑ ***5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION***

These sections describe your project. The project narrative is made up of Sections A through E. You will find additional instructions on completing the Project Narrative below. Sections A-E of your application may not be longer than 25 pages.

❑ **Section A -** Documentation of Need

❑ **Section B -** Literature Review and Justification of Prevention Strategies

❑ **Section C** - Project Plan (Design)

❑ **Section D** - Project Evaluation and Reporting/Dissemination

❑ **Section E** - Organizational Capacity

Sections F through I should contain the support documentation for your application. There are no page limits for the following sections, except for Section H - Biographical Sketches/Job Descriptions.

❑ **Section F** - Literature Citations

This section must contain complete reference information, including titles, authors, publishers or organizations, and dates, for any references/literature you cite in your application. Literature may include not only journal articles, monographs, and reference books, but also newspaper articles, information from websites, and information from conversations with individuals and experts, etc.
Include a detailed budget breakdown, as well as a narrative description and explanation of all budget items. An

example of a budget breakdown is given in Part II, Appendix B (as "Example A").

❑ **Section H** - Biographical Sketches and Job Descriptions

Include a biographical sketch for the identified Project Director and other key staff (such as the Project Coordinator and Lead Evaluator) who will be implementing this project. Each sketch should not exceed **2 pages**. If a key staff person is identified but has not been hired, include a letter of commitment from him/her with this sketch.

Include job descriptions for key personnel not yet identified or hired. These descriptions should not be longer than **1 page each**.

The formats for biographical sketches and job descriptions are given in Item 6 in the "Program Narrative" section of the PHS 5161-1.

❑ **Section I** - Confidentiality and SAMHSA Participant Protection (SPP)

This section is mandatory, and the seven areas you must address are outlined below in the SPP section. It is critical that you address all seven areas appropriately and completely.

❑ ***6. APPENDICES (1 - 7)***

Use only the appendices listed below, but please include all 7 of these appendices in your application, following the numbers and the order given. **Do not** use appendices to extend or replace any of the sections of the Project Narrative. (Reviewers will not consider them if you do).

Do not use more than **35 pages** (plus all evaluation instruments) for your appendices.

❑ **Appendix 1:**
Organizational Chart - clearly show the professional roles of all key staff and reporting relationships.

❑ **Appendix 2:**
Letters of Commitment and Support, including any Memoranda of Understanding (MOUs) with service providers or other local organizations.

❑ **Appendix 3:**
Copies of your Letters to the Single State Agency (SSA) and Single Point of Contact (SPOC) in your State. Please refer to Part II for instructions and further information about SSA Coordination and Intergovernmental Review by the SPOCs.

❑ **Appendix 4:**
Target Population Profile - please provide a detailed profile your projected target population which includes specific numbers of individuals that you anticipate will participate, as well as information on their demographic characteristics. A sample format which you may find useful for clearly depicting the population(s) participating and needing services in your community is provided in Appendix D of this GFA.

❑ **Appendix 5**
Area Map - indicate the proposed service area and the location(s) of your organization and service sites.

❑ **Appendix 6:**
Data Collection Instruments/ Interview Protocols

❑ **Appendix 7:**
Sample Consent Forms

❑ ***7. ASSURANCES***

Use Standard Form 424B, "Assurances - Non-Construction Programs," which can be found in Form PHS-5161-1, "Grant Application."

❑ ***8. CERTIFICATIONS***

Use the "Certifications" forms, which can be found in Form PHS-5161-1, "Grant Application."

❑ ***9. DISCLOSURE OF LOBBYING***
❑ ***ACTIVITIES***

Use Standard Form LLL (and SF LLL-A, if needed), which can be found in Form PHS-5161-1, "Grant Application." Part II of the grant announcement also contains information on lobbying prohibitions.

❑ ***10. CHECKLIST***

Use the Checklist in Form PHS-5161-1, "Grant Application." Additional instructions for this checklist can be found in Appendix C of Part II.

❑ ***11. INTERGOVERNMENTAL REVIEW (E.O. 12372)***

Executive Order (E.O.) 12372 sets up a system for State and local government review of applications. Applicants (other than Federally recognized Indian tribal governments) should contact the States' Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and receive necessary instructions on the State's review process. Part II of the GFA provides additional information about E.O. 12372.

Instructions for Completing Sections A Through E of the Project Narrative

Sections A through E of your application describe what you intend to accomplish with grant funding. Here is detailed information on how to complete these sections:

- Sections A though E may not be longer than 25 pages.
- A peer review committee will assign a point value to your application based on how well you address these sections.
- The number of points after each main heading shows the maximum points a review committee may assign to that category.
- Reviewers will also be considering cultural competence in each section. Points will be deducted from applications that do not address the cultural aspects of each criterion.[3]

Section A: Documentation of Need (20 Points)

Provide detailed information on your target community and the unmet needs for prevention services. Address all of the following topics as thoroughly as possible, as your application will be judged on the extent to which you demonstrate strong knowledge of and experience with your community.
Include the following information in this section of your application:

- An overview of your community that includes detailed information on why this funding is needed.
- An estimate of the numbers of youth and/or at-risk individuals in your area that could potentially participate in your project.
- A profile of the population to which you intend to provide services (your

[3]Please see Appendix D of Part II: "Guidelines for Assessing Cultural Competence."

target population), which includes information on race, ethnicity, age, and gender. (Detailed information, including specific numbers of target population members to be targeted should be included in Appendix 4 of your application. You may find the Sample Target Population Profile Format in Appendix D of this GFA useful for providing this information.)

- A "risk profile" of the target population that includes information on risk factors for HIV infection and substance abuse and/or related problems. Include data on the current trends of the HIV/AIDS epidemic in your community, especially HIV transmission/new HIV infections rates. Provide local data on relevant risk behaviors such as: use of alcohol and other drugs, use of injection drugs, prevalence of sexually-transmitted diseases, teen pregnancy rates, use of condoms and other data related to safer sex practices, and other local epidemiological data related to HIV transmission.

- Information on resiliency and protective factors in the target
- population and community. Include any available information on:
  - Individual protective factors, including: a positive sense of self, a sense of purpose and of the future, social skills and coping/problem-solving skills, social competence, cooperativeness, and emotional stability;
  - Family protective factors, including: parental attention to children's interests, attachment to parents, parental involvement in school-related activities, and high parental expectations;
  - Community protective factors, including: caring and supportive social networks, high expectations of youth, and opportunities for participation.

- Descriptions of the current capacity of local service providers. Provide a clear picture of the HIV prevention, early intervention, and other related services that are already in place in your community.

- Descriptions of the unmet needs among your target population and the gaps in SAP and HIVP services in your community that you intend to fill. Include information on the availability (or lack thereof) of appropriate, culturally-competent services.

- Information on other relevant services needed by your target population, such as the availability of transportation, educational/vocational/employment services, child care, and other services.

- An area map which indicates your proposed service area and the location(s) of your service sites. (This should Appendix 5 of your application.)

Section B: Literature Review and Justification of Prevention Strategies (15 Points)

You should include:

- A current literature review of relevant substance abuse prevention and HIV prevention interventions, which addresses all important aspects of your target population, including race, ethnicity, language, gender, sexual orientation, age, developmental status, and disabilities.

- Information on the effectiveness of the prevention strategies that you are choosing to implement. Include clear information on what is known about their effectiveness for your particular target population.

- A justification for using the proposed strategies in the targeted community. Address how you have involved target population members in reviewing and selecting appropriate prevention strategies.

Section C: Project Plan (Design) (30 Points)

In this section of your application, you should:

- Describe your intervention: outline the services that comprise your intervention and present the activities you have chosen to implement in detail.

- Describe how your intervention will be implemented, and by whom?

- Include a Work Plan with project-specific objectives and key action steps which are specific and measurable. At a minimum, the Work Plan should include:
  - ✔ a problem statement;
  - ✔ goals;
  - ✔ objectives for each goal;
  - ✔ key action steps for each objective;
  - ✔ responsible persons for each action step;
  - ✔ targeted completion dates; and
  - ✔ methods for evaluating each objective.

- Describe how and from where the participants will be recruited and enrolled in your project.

- Describe how you will keep participants engaged in your project. Will you provide incentives? What kind? Why? How many? When? How?

- Provide plans to resolve potential recruiting problems, including how you intend to handle lack of participation and project drop-outs.

- If you will exclude any individuals from participating in your project, please clearly describe any "exclusionary criteria" and why you are using them.

- Discuss how target population and community members were involved in determining which interventions were needed in the community and how services were prioritized.

- Describe how members of the target population will have ongoing input into project implementation, and how they will participate in project activities and leadership, which may include being members of advisory boards or other groups.

- Describe how you will involve community members and leaders in your project on an ongoing basis, and clearly describe any commitments from them to provide ongoing support for your project. (Copies of Letters of Committment, etc. should be included in Appendix 2 of your application.)

Section D: Project Evaluation and Reporting/Dissemination (15 Points)

In this section of your application, you should:

- ▶ Clearly state your evaluation questions: what are you trying to change, and how will you know if you are successful?

- Provide assurances that you will collect the required GPRA client outcome measures. (You can find more information about GPRA in Part II of the application kit, under the section with the same name. The CSAP GPRA instrument is located in Appendix C of this GFA.)

- If you propose to use any additional evaluation instruments or protocols, describe them and include copies in Appendix No. 6 of your application. [*Please note that the use of instruments in addition to CSAP's GPRA instrument is not required; however, CSAP strongly encourages each grantee to ensure that they will be able to assess the effectiveness of their intervention in achieving its intended goals and producing the desired results among participants–i.e. measurable, positive changes in substance abuse and HIV-related knowledge, attitudes and behaviors*.] All evaluation instruments that you propose to use should be reliable and valid, as well as appropriate for the age, developmental status, culture, language, and gender of your target population.

- Describe how you will involve members of your target population in the evaluation process to ensure that your evaluation is culturally-appropriate.

- Describe how you will collect data.

- Describe how you will transmit and store data. Provide details on how you will ensure that your data are kept confidential and secure.

- Specify when you will collect data from participants. Provide a time-line which clearly identifies baseline and all follow-up data collection points.

- Specify your proposed sample size, i.e. the number of participants you will include in the evaluation. (This should also be reflected in your Appendix 4 - Target Population Profile.) Discuss how many participants you expect to lose – through drop-out or minimal attendance.

- If you plan to collect additional data on receipt of services by individual participants (i.e. dosage data) or project costs (i.e. cost-effectiveness, etc.), or other relevant topics please discuss these evaluation plans.

- Include a signed agreement to participate in the cross-site evaluation

- Describe your plans for developing all required grant reports and products (as listed below under "Post Award Requirements") and for disseminating products and findings as appropriate to promote advances in the SAP and HIV prevention fields.

Section E: Organizational Capacity: Organization, Staff, Equipment/Facilities and Other Support (20 Points)

In this section, you should describe your organizational management, experience, and support for the project. (You may refer back to the Work Plan you presented in Section B.)

- Describe the mission of your organization and describe how the proposed activities related to SAP and HIVP fit within that mission.

- Describe the capability and experience of your organization (and collaborating agencies) with similar projects and populations. Provide information on

experience that is relevant to the delivery of substance abuse prevention, HIV prevention, and other related services.

- Describe the activities and services you currently offer to members of your target population and provide clear evidence that you have been providing relevant services to significant numbers of members of your target population for a minimum of 2 years.

- Describe your experience collaborating with other relevant agencies and organizations in the community.

- Discuss your organizational structure. Provide an organizational chart in Appendix 1 of your application which outlines the professional roles of all staff and reporting relationships. Ensure that the roles and reporting relationships for all activities proposed in this application are clear. (Provide a project-specific management chart also in Appendix 1.)
- Describe your proposed staffing plan. Discuss staffing patterns and provide rationale for percent of time for key personnel and consultants.

- Describe the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors. Include experience relevant to providing substance abuse and HIV prevention interventions to the target population, as well as relevant evaluation experience (for evaluation staff).

- Describe the cultural capabilities of the staff and explain how your staff will ensure that services are culturally-competent. Document the staff's experience, familiarity, and links with, as well as acceptance by, the community and the target population to be served.

- Describe relevant existing resources, such as computer facilities and equipment, and facility location, space, environment, and accessibility (in compliance with the Americans with Disabilities Act).

- Describe any other resources not accounted for in the proposed budgets but necessary for the project.

- Describe how these services will be sustained in the community once Federal funding is terminated. Include your plans for building community support and securing other resources.

NOTE: Although the Peer Review Committee will not consider the **budget** for your proposed project in scoring your application, reviewers will be asked to comment on the appropriateness of your budget after the merits of the application have been considered.

Post Award Requirements:

- ❑ Reports:
- ❑ Quarterly reports for year 01
- ❑ Semi-annual reports for years 02-03
- ❑ Annual reports
- ❑ A Final report summarizing accomplishments and outcomes
- ❑ Compliance with data reporting requirements including GPRA reporting requirements (see Appendix C).

- ❑ Attendance at required grantee meetings, which may include a New Grantee Workshop, Learning Community Conferences, and other CSAP/SAMHSA conferences. (*Your budget should include funds for travel to two grantee meetings each year.*)

Roles - CSAP Staff and Grantees

Grantees Must:

❑ Fully implement their funded project.
❑ Comply with the terms and conditions of the award agreement.
❑ Collaborate with CSAP staff in project implementation and monitoring.
❑ Collect GPRA data and participate in a cross-site evaluation.
❑ Participate in grantee meetings.

CSAP/SAMHSA Staff Will:

❑ Monitor the conduct and progress of the projects including conducting site visits.
❑ Provide guidance and technical assistance on project implementation.
❑ Assure appropriate individual and cross-site evaluation methodologies are followed.
❑ Make recommendations for continuation funding.
❑ Work collaboratively with grantee and contractor staff.
❑ Assist with the packaging and dissemination of products and materials.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. No points will be assigned to this section by the Peer Review Committee; however if the Committee notes any concerns regarding any area of this section, CSAP cannot fund your application until and unless all concerns are satisfactorily addressed. If any area is not applicable to your proposed project activities, discuss why it is not applicable.

The SPP information will:

✔ Reveal if the protection of participants is adequate or if more protection is needed.
✔ Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

❶ Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative interventions and procedures that might be beneficial to the subjects.
- Offer reasons if you do not decide to use other beneficial interventions.

❷ Fair Selection of Participants:

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

❸ Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

❹ Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix No. 6, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

❺ Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

❻ Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their

participation. Include how the data will be used and how you will keep the data private.

State

- -If their participation is voluntary.
- -Their right to leave the project at any time without problems.
- -Risks from the project.
- -Plans to protect clients from these risks.
-
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

- Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 7, titled "Sample Consent Forms." If needed, give English translations.

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be obtained for participation in both the intervention and the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

❼ Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Appendix A: Acronyms and Definitions

ACRONYMS:

AIDS - Acquired Immunodeficiency Syndrome
CBO - Community-Based Organization
CDC - Centers for Disease Control and Prevention
CFR - Code of Federal Regulations
CSAP - Center for Substance Abuse Prevention
CSAT - Center for Substance Abuse Treatment
CMHS - Center for Mental Health Services
DHHS - Department of Health and Human Services
FY - Fiscal Year
GPRA - Government Performance and Results Act
HACU's - Hispanic Association of Colleges and Universities members
HBCU's - Historically-Black Colleges and Universities
HIV - Human Immuno-deficiency Virus
HIVP - HIV Prevention
HRSA - Health Resources and Services Administration
HSI's - Hispanic-Serving Institutions
IDU - Injection Drug User
IOM - Institute of Medicine
IRB - Institutional Review Board
MSM's - Men who have Sex with other Men
NIH - National Institutes of Health
SAMHSA - Substance Abuse and Mental Health Services Administration
SAP - Substance Abuse Prevention
SPP - SAMHSA Participant Protection
STD - Sexually Transmitted Disease
TCU's - Tribal Colleges and Universities

DEFINITIONS:

Community-Based Organizations - Congressional language reflects the intent to fund organizations whose "board, management and key staff are representative of the minority communities served, [are] situated closest to the targeted population, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health." (House Appropriations Committee Report 107-229)

Evaluation - the process of determining whether a project achieves its intended goals and produces the desired results.

Integration of Services - developing a services system which provides clients with a full range of comprehensive services which are accessible from any one point in the services system and are

coordinated with other services. Effective integration should provide clients with "seamless" delivery of the full range of culturally-competent SAP, HIVP, and other related services required.

Minority Communities - African-Americans, Hispanics/Latinos, American Indians/Alaska Natives, and Asian-Americans/Pacific Islanders

Non-profit organizations - organizations which either have obtained or are in the process of obtaining 501(c) (3) status from the Internal Revenue Service.

Prevention - According to the IOM (1994) classification system, the term "prevention" is reserved for only those interventions that occur before the initial onset of a disorder. Preventive interventions may be universal, selective, or indicated, depending on their targeted audience.

Seroconversion - The process by which a person's antibody status changes from negative to positive.

Seroprevalence - As related to HIV infection, the proportion of persons who have serologic (i.e., pertaining to serum) evidence of HIV infection at any given time. (Source: Glossary of HIV/AIDS-Related Terms, HIV/AIDS Treatment Information Service)

Treatment:

Substance Abuse and Mental Health Treatment - According to the IOM (1994) classification system, treatment interventions are therapeutic in nature (such as psychotherapy, support groups, medication, and hospitalization), and are provided to individuals who meet or are close to meeting DSM[-V] diagnostic levels.

HIV/AIDS Treatment - activities and interventions undertaken with individuals already infected with HIV for the purpose of slowing the progression of the disease.

Appendix B: Background Information and References

Epidemiological data show that HIV disease continues to disproportionately affect minority communities throughout the United States. According to the Centers for Disease Control and Prevention (CDC), rates of new HIV infections continue to increase disproportionately among African-Americans, Hispanics/Latinos, American Indians/Alaska Natives, and Asian-Americans/Pacific Islanders, so that this epidemic is becoming increasingly an epidemic of color (CDC, 2001). Incidence rates of new HIV infections in women and adolescents of color have increased dramatically recently, and among men who have sex with men, men of color now account for the majority of total AIDS cases. There is a desperate need for effective prevention services in minority communities, and the direct links between substance use and abuse and HIV transmission require organizations to address these issues in a coordinated manner.

Selected seroprevalence studies among populations at risk provide evidence for the epidemic's continued spread in communities of color. The following three interrelated issues appear to play a key role in the excessive rates of HIV and STDs in communities of color (Herbert, 2001):

- Continued health disparities between economic classes,
- Challenges related to controlling substance abuse, and
- The interactions among substance abuse and HIV and other sexually-transmitted diseases.

There are many links between substance abuse and HIV infection, both direct and indirect. Figure 1 below illustrates some of these links. HIV is directly transmitted though injection drug use when users share and re-use syringes and other blood-contaminated equipment. In addition, recent research has shown that cocaine use can stimulate the production and spread of the virus internally, so that drug use may hasten the progression of HIV disease (Fox, 2002). Users of non-injection drugs such as crack cocaine, alcohol, and some prescription drugs are also at greater risk of HIV infection than those who do not use drugs (NIDA, 2001). Because drug use can affect judgement and interfere with communication, users are more likely to engage in riskier sexual behavior, such as failing to use condoms correctly (AmFAR, 2001; Quander, 2000). Risky behaviors associated with substance abuse continues to fuel the spread of HIV in the United States, especially in minority communities with already high rates of STDs. Substance abuse reduces inhibitions associated with transmitting HIV to others (NASTAD, 2002). Drug users may also exchange sex for drugs or money in order to sustain use, and users are more likely to have sex with other users, further increasing their risk of HIV infection. A CDC study of inner-city young adults found that crack smokers were three times more likely than non-smokers to be infected with HIV (as cited in OMH, 2000). In a study on gay and bisexual men seeking methamphetamine abuse treatment, those who reported being HIV-positive were significantly more likely to report that their use of crystal was always associated with sexual behavior (4).

The African-American community has been especially hard hit by HIV disease. One in every 50 black American men is now believed to be infected with HIV, as is one in every 160 black women (CDC, 2001). While African-Americans are just 13 percent of the U.S. population, more than half of all new HIV infections occur among blacks (Herbert, 2001). Among women, African-Americans women account for 64 percent of all new infections in the U.S. (CDC, 2001). A HRSA report states that "studies of women living with HIV disease indicated that a large proportion are living in poverty and that many were poor prior to seroconversion" (HRSA, 2001).

Not only are the rates of HIV infections among African-Americans alarming; but the statistics on AIDS cases are also. Blacks are 10 times more likely than whites to be diagnosed with AIDS, and 10 times more likely to die from it (Herbert, 2001). Blacks account for 38 percent of all reported AIDS cases through June, 2000,

and this proportion is increasing (CDC, 2001). From July 1999 to June 2000, 48 percent of reported AIDS cases were among Black adults and adolescents (CDC, 2001). Again, the picture for women is even more grim. African-Americans women account for 57 percent of all AIDS cases among women (CDC, 2001). And among children, African-Americans children account for 59 percent of total AIDS cases (CDC, 2001).

Among Hispanics/Latinos, statistics on HIV disease are also alarming. From July 1999 to June 2000, 19 percent of reported AIDS cases were among Hispanic/Latino adults and adolescents (CDC, 2001). Hispanic/ Latina women account for 20 percent of AIDS cases among women, and Hispanic/ Latino children account for 23 percent of AIDS cases among children (CDC, 2001). HIV was the third leading cause of death for Hispanic/Latino men and the fourth leading cause of death for Hispanic/Latina women aged 24-44 years in 1998 (CDC, 2001).

Although some HIV prevention efforts have proven to be effective in gay communities, racial disparities persist. Despite significant declines in HIV infection rates among men of color who have sex with men (MSM) since the early years of the epidemic, they continue to be the group at highest risk for HIV, accounting for the majority of all AIDS cases, but an even greater proportion of all HIV diagnoses (CDC, 2001). Men of color who have sex with men accounted for 52 percent of the total AIDS cases in 1998, which represents a dramatic increase from their proportion of 31 percent in 1989. Further, they account for an estimated 42 percent of all new infections in the United States (CDC, 2001). Young MSM, especially African-American and Latino MSM, are particularly at higher risks for HIV infection. In a recent study of young MSM in seven U.S. cities, more than one in ten young MSM was HIV infected, with a 15 percent infection rate among young Latino MSM and a 30 percent rate among young African- American MSM (CDC, 2001).

The proportion of AIDS cases accounted for by minorities continues to increase. Among women, Black and Hispanic women accounted for 77 percent of all AIDS cases through June 2000 (CDC, 2001), and for 81 percent of AIDS cases among women for the most recent reporting year (July 1999 - June 2000) (CDC, 2001).

AIDS cases are also increasing at an alarming rate among other minority communities where AIDS has not yet become so prevalent. For example, Asian-Americans/Pacific Islanders account for 0.7 percent of all AIDS cases reported through June 2000 (CDC, 2001). But for the most recent reporting year, they account for 0.9 percent (CDC, 2001).

American Indians/Alaska Natives account for 0.3 percent of all AIDS cases reported through June 2000. But for the most recent reporting year, they account for 0.4 percent (CDC, 2001). And in the 36 areas with confidential HIV reporting, American Indians/Alaska Natives account for 0.6 percent of new HIV cases through June 2000 (CDC, 2001). These alarming increases could signal the beginning of an exponential increase in incidence rates in these communities unless prevention efforts are successful.

Finally, the HIV epidemic continues to be an unprecedented threat to youth, especially minority youth. According to CDC (2001), half of all new HIV infections in this country occur in young people under the age of 25. While the actual number of American youth who have been infected with HIV is unknown, it is estimated that 20,000 young people are infected with HIV every year, resulting in two young Americans between the ages of 13 and 24 contracting HIV every hour. While African-Americans and Hispanics constitute about 15 percent of U.S. teenagers, African-Americans represent 49 percent of the 3,725 AIDS cases among those aged 13 to 19, and 67 percent of the 4,796 HIV infections reported to date in this age group (AmFAR, 2001). Hispanic teens account for 20 percent of AIDS cases among teens and young adults

(ages 20-24) and account for about 65 percent of AIDS cases from racial or ethnic minority groups. Among young women, minorities account for 78 percent of AIDS cases (White House, 2000).

Researchers believe that cases of HIV infection diagnosed among 13 to 24 year olds are indicative of overall trends in incidence rates, because this age group has recently initiated high-risk behaviors. CDC studies conducted every 2 years in high schools (grades 9-12) consistently indicate that by the twelfth grade: approximately two-thirds of high school students had sexual intercourse; about half of sexually active 12th-graders reported using latex condoms all of the time; and nearly one-quarter of 12th-graders had four or more lifetime sex partners (White House, 2000). According to the Presidential Report on Youth and HIV/AIDS 2000: A New American Agenda, there are large numbers of minority youth who are aware of the dangers of participating in unprotected sex puts them at risk for HIV, yet take no precautions (White House, 2000). In addition, many students report using alcohol or drugs when they have sex, and 1 in 50 high school students reported having injected an illegal drug (White House, 2000). Recent findings from the University of Michigan's Monitoring the Future Survey demonstrate that "drug use among young people has stabilized but still remains close to all-time highs" (White House, 2000). This survey has also found that twenty-six percent of eighth graders have tried illegal drugs and one out of every two teenagers has tried an illegal drug by twelfth grade (White House, 2002). Too many young adults still engage in behaviors that may put them at risk of acquiring HIV infection and other sexually-transmitted diseases, which underscores the critical need for effective, integrated SAP and HIV prevention.

In order to overcome many of the current barriers associated with the spread of this epidemic, immediate action must be taken to make effective, integrated prevention services available and accessible to populations at risk. Changes in knowledge about HIV are not, by themselves, sufficient to bring about changes in HIV risk behavior. Reduction of HIV risk behavior requires integrated, multi-faceted, and long-term interventions.

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Figure 1. Relationship Between Substance Use and HIV

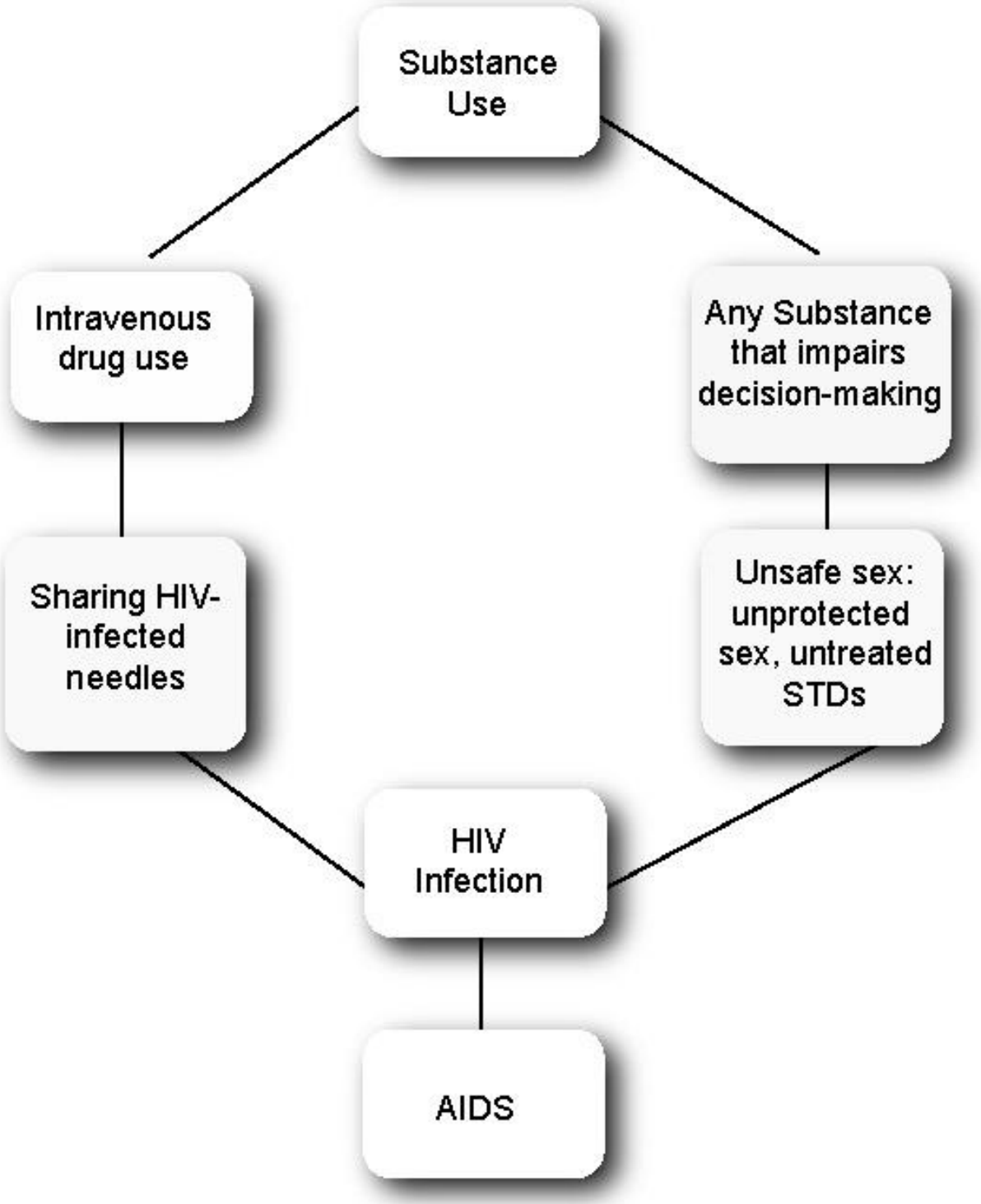
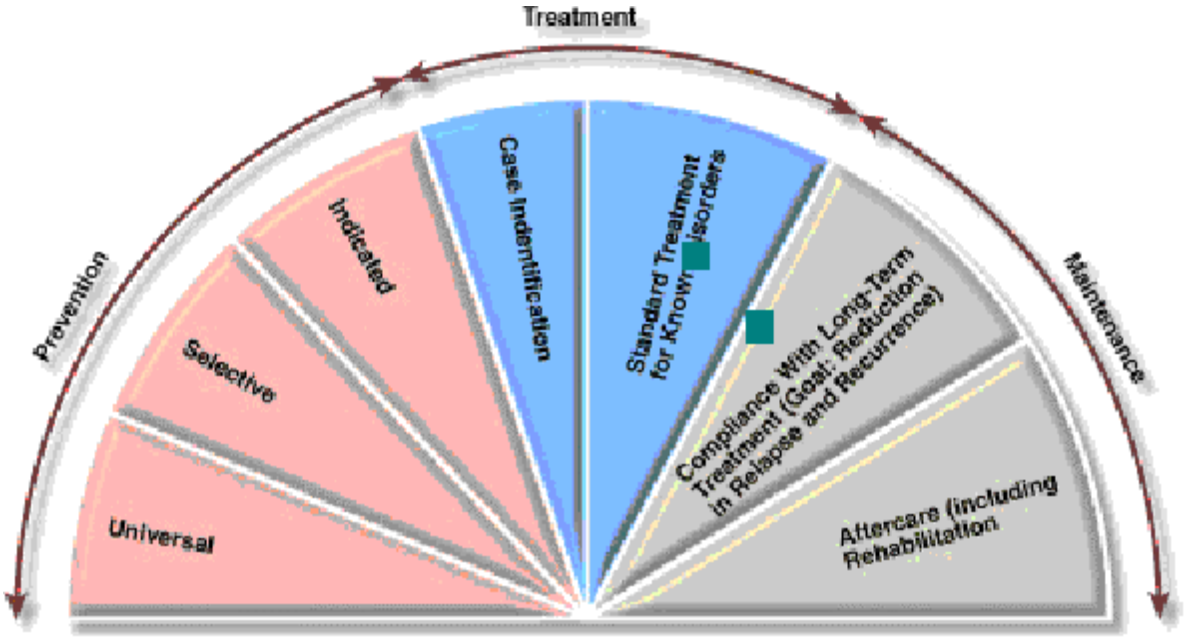

Substance Use
Intravenous drug use
Any Substance that impairs decision-making
Sharing HIV-infected needles
Unsafe sex: unprotected sex, untreated STDs
HIV Infection
AIDS

Figure 2: **IOM Classification System : Prevention, Treatment, Maintenance**



Source: Reprinted with permission from *Reducing Risks for Mental Disorders*, National Academy Press, Washington, D.C., 1994. Courtesy of the National Academy of Sciences.

Appendix B: CSAP GPRA Client Outcome Measures:
Adult Form
Youth Form

CSAP GPRA Client Outcome Measures for Discretionary Programs

ADULT FORM

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved
OMB No. 0930-0208
Expiration Date: 10/31/2002

RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP 4 . 12 MONTH FOLLOW-UP

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

❍ ❍ ❍Male
❍ ❍Female
❍ ❍Other (please specify) _____

2. Are you Hispanic or Latino?

❍ Yes ❍ No

3. What is your race?

❍	❍Black or African American	❍Alaska Native
❍	❍Asian	❍White
❍	❍American Indian	❍Other (Specify)_____
❍	❍Native Hawaiian or other	❍Pacific Islander

4. What is your date of birth |____|____| / |____|____| / |____|____|
Month / Day / Year

DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:	**Number of Days**
a. Any alcohol	**|____|____|**
b. Alcohol to intoxication (5+drinks in one setting)	**|____|____|**
c. Other illegal drugs	|____|____|

During the past 30 days how many day have you used any of the following:		Number of Days
a.	Cocaine/Crack	|____|____|
b.	Marijuana/Hashish, Pot	|____|____|
c.	Heroin or other opiates	|____|____|
d.	Non prescription methadone	|____|____|
e.	PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline	|____|____|
f.	Methamphetamine or other amphetamines, Uppers	|____|____|
g.	Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics	|____|____|
h.	Inhalants, poppers, rush, whippets	|____|____|
i.	Other Drugs--Specify_____	|____|____|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?
❍Yes ❍ No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?
❍Yes ❍No

6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?

7. ❍Yes ❍No

7. During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?
❍Yes ❍No

8. How old were you the first time you smoked part or all of a cigarette?

_____years old

If never smoked all or part of a cigarette please mark the box ❑

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE:_____

If never had a drink of an alcoholic beverage please mark the box ❑

10. How old were you the first time you used marijuana or hashish? ❑

AGE:_____

If never used marijuana or hashish please mark the box ❑

11. How old were you the first time you used any other illegal drugs?

AGE:_____

If never used illegal drugs please mark the box

ATTITUDES AND BELIEFS

1. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- ❍ No risk
- ❍ Slight risk
- ❍ Moderate risk
- ❍ Great risk

2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?

- ❍ No risk
- ❍ Slight risk
- ❍ Moderate risk
- ❍ Great Risk

3 How much do people risk harming themselves physically and in other ways when they:

a. Have four or five drinks of an alcoholic beverage nearly every day?

- ❍ No risk
- ❍ Slight risk
- ❍ Moderate risk
- ❍ Great risk

b. Have five or more drinks of an alcoholic beverage once or twice a week?

- ❍ No risk
- ❍ Slight risk
- ❍ Moderate risk
- ❍ Great risk

4 How do you feel about adults smoking one or more packs of cigarettes per day?

- ❍ Neither approve nor disapprove
- ❍ Somewhat disapprove
- ❍ Strongly disapprove

5 How do you feel about adults trying marijuana or hashish one or twice?

- ❍ Neither approve nor disapprove
- ❍ Somewhat disapprove
- ❍ Strongly disapprove

6 How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?

- ❍ Neither approve nor disapprove
- ❍ Somewhat disapprove
- ❍ Strongly disapprove

7 How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?

- ❍ Neither approve nor disapprove
- ❍ Somewhat disapprove
- ❍ Strongly disapprove

EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

❍Yes ❍No

CSAP GPRA Client Outcome
Measures for Discretionary Programs

YOUTH FORM
(Ages 12 years old and over)

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

Form Approved
OMB No. 0930-0208
Expiration Date: 10/31/2002

RECORD MANAGEMENT

Client ID |___|___|___|___|___|___|___|___|___|___|___|___|

Contract/Grant ID |___|___|___|___|___|___|___|___|___|___|___|___|

Grant Year |___|___|
Year

Interview Date |___|___| / |___|___| / |___|___|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP 4 . 12 MONTH FOLLOW-UP

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ❍ Male
- ❍ Female
- ❍ Other (please specify) _____

2. Are you Hispanic or Latino?

❍Yes ❍No

3. What is your race?

- ❍ Black or African American
- ❍ Asian
- ❍ American Indian
- ❍ Native Hawaiian or other
- ❍ Alaska Native
- ❍ White
- ❍ Other (Specify)_____
- ❍ Pacific Islander

4. What is your date of birth |___|___| / |___|___| / |___|___|
Month / Day / Year

DRUG AND ALCOHOL USE

		Number of Days
1.	**During the past 30 days how many days have you used the following:**	
a.	**Any alcohol**	|____|____|
b.	**Alcohol to intoxication (5+drinks in one setting**	|____|____|
c.	**Other illegal drugs**	|____|____|

		Number of Days
2.	**During the past 30 days how many day have you used any of the following:**	
a.	**Cocaine/Crack**	|____|____|
b.	**Marijuana/Hashish, Pot**	|____|____|
c.	**Heroin or other opiates**	|____|____|
d.	**Non prescription methadone**	|____|____|
e.	**PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline**	|____|____|
f.	**Methamphetamine or other amphetamines, Uppers**	|____|____|
g.	**Benzodiazepines, barbiturates, other tranquilizers, Downers,**	|____|____|
h.	**Inhalants, poppers, rush, whippets**	|____|____|
i.	**Other Drugs--Specify_____**	|____|____|

3. **Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?**
   ❍**Yes** ❍**No**

4. **During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?**
   _____# of Days

5. **Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?**
   ❍**Yes** ❍ **No**

6. **Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?**
   ❍**Yes** ❍**No**

7. **During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?**
   ❍**Yes** ❍**No**

8. **On how many occasions (if any) have you had alcohol to drink-more than just a few sips?**
   - ❍ **Never**
   - ❍ **1-2**
   - ❍ **3-5**
   - ❍ **6-9**
   - ❍ **10-19**

- ❍ **20-39**
- ❍ **40 or more**

9. How old were you the first time you smoked part or all of a cigarette?

_____years old
If never smoked part or all of a cigarette please mark the box

10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

AGE:_____
If never had a drink of an alcoholic beverage please mark the box

11. How old were you the first time you used marijuana or hashish?

AGE:_____
If never used marijuana or hashish please mark the bo

12. How old were you the first time you used any other illegal drugs?

AGE:_____
If never used any illegal drugs please mark the box

FAMILY AND LIVING CONDITIONS

1. During the past 30 days how stressful have things been for you because of your use of alcohol or othre drugs?

- ❍ **Not at all**
- ❍ **Somewhat**
- ❍ **Considerably**
- ❍ **Extremely**

2. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ❍ **Not at all**
- ❍ **Somewhat**
- ❍ **Considerably**
- ❍ **Extremely**

3. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ❍ **Not at all**
- ❍ **Somewhat**
- ❍ **Considerably**
- ❍ **Extremely**

ATTITUDES AND BELIEFS

1. It is clear to my friends that I am committed to living a drug-free life.

- ❍ **False**

- ❍ **Maybe**
- ❍ **True**

2. I have made a final decision to stay away from marijuana.

- ❍ **False**
- ❍ **Maybe**
- ❍ **True**

3. I have decided that I will smoke cigarettes.

- ❍ **False**
- ❍ **Maybe**
- ❍ **True**

5. I plan to get drunk sometime in the next year.

- ❍ **False**
- ❍ **Maybe**
- ❍ **True**

6... How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

- ❍ **No risk**
- ❍ **Slight risk**
- ❍ **Moderate risk**
- ❍ **Great risk**
- ❍ **Can't Say/Drug Unfamiliar**

7.. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month or more?

- ❍ **No risk**
- ❍ **Slight risk**
- ❍ **Moderate risk**
- ❍ **Great risk**
- ❍ **Can't Say/Drug Unfamiliar**

8. How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?

- ❍ **No risk**
- ❍ **Slight risk**
- ❍ **Moderate risk**
- ❍ **Great risk**
- ❍ **Can't Say/Drug Unfamiliar**

9. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage nearly everyday?

- ❍ **No risk**
- ❍ **Slight risk**
- ❍ **Moderate risk**
- ❍ **Great risk**
- ❍ **Can't Say/Drug Unfamiliar**

10. How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage once or twice a week?

- ❍ **No risk**
- ❍ **Slight risk**
- ❍ **Moderate risk**
- ❍ **Great risk**
- ❍ **Can't Say/Drug Unfamiliar**

11. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

- ❍ **Very wrong**
- ❍ **Wrong**
- ❍ **A little bit wrong**
- ❍ **Not wrong at all**

11. How wrong do you think it is for someone your age to smoke cigarettes?

- ❍ **Very wrong**
- ❍ **Wrong**
- ❍ **A little bit wrong**
- ❍ **Not wrong at all**

12. How wrong do you think it is for someone your age to smoke marijuana?

- ❍ **Very wrong**
- ❍ **Wrong**
- ❍ **A little bit wrong**
- ❍ **Not wrong at all**

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- ❍ **Very wrong**
- ❍ **Wrong**
- ❍ **A little bit wrong**
- ❍ **Not wrong at all**

EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

❍ Yes ❍ No

Appendix D: Sample Target Population Profile Formats

You may find these formats useful for providing detailed demographic and other information about your target population(s) for Appendix 4 of your application.

Page 1: **Primary Target Population**

Fill in information about **only the primary target population you intend to serve** through your grant-funded project. For example, if you intend to target primarily adult men, but also intend to serve some of their female partners, children, and other family members in services, you should fill in the information on this page for only the adult men, and then fill in similar information on Page 2 for partners, children, and family members.

Projected Primary Target Population Profile:

Total # to be Served (over entire project period-up to 3 yrs)		**EXAMPLE**: 300
Enrollment Pattern		3 Cohorts of 100 ea. 1 cohort ea. year
Race		Asian-American
Ethnicity or Country of Origin		China
Primary Language		Mandarin
Age - Youth		15-18
Age - Adults		Young adults (20-25)
Sex/Gender		Primarily Male
Special Population(s)		Recent Immigrants / Laborers
Risk Behaviors Targeted		lack of HIV knowledge/ lack of safer sex practices
Other		poor access to health care, immigration status

Page 2: **Additional Populations to be Served**

Please fill in the following information about any populations you intend to serve through your grant-funded project, in addition to the primary target population specified on the previous page. (For example, if you intend to target primarily adult men, but also intend to serve some of their female partners, children, and other family members in services, you should fill in the information on this page for the anticipated numbers of partners, children, and family members to be served.)

Projected Additional Populations Profile:

Total # to be Served (over entire project period-up to 3 yrs)		**EXAMPLE**: 500
Enrollment Pattern		Services provided as requested
Relationship to Primary Target Population		Female partners, relatives, and other family members
Race		Asian-American
Ethnicity or Country of Origin		Chinese
Primary Language		Mandarin
Age - Youth		15-18
Age - Adults		20-25
Sex/Gender		Primarily Female
Special Population		Recent immigrants
Risk Behaviors Targeted		lack of HIV knowledge/ lack of safer sex practices
Other		poor access to health care, immigration status